PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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TO CLICATE				Application Number	09/844,187										
TRANSMITTAL				Filing Date	April 26, 2	001									
FORM				First Named Inventor	Thomas M. BAER										
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				Examiner Name	LaToya I.	CROSS									
(to be used for all correspondence after initial filing)  Total Number of Pages in This Submission 19				Attorney Docket Number	ARC0120	01800									
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	Fee Trans	smittal Form		Drawing(s)											
	F	ee Attached	L   '	icensing-related Papers		Appeal Communication to Board of Appeals and Interferences									
~	Amendm	ent/Reply	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)									
	A A	fter Final				Proprietary Information									
		ffidavits/declaration(s)				Status Letter									
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		SIGNA	TURE O	F APPLICANT, ATTO	RNEY, C	R AGENT									
Firm N	ame	Lukas IP Group													
Signature		Diry Tolono													
Printed name		Rimas T. Lukas													
Date		March 19, 2005		F	46,451										
•		C	ERTIFIC	ATE OF TRANSMISSI	ON/MAI	LING									

## CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Typed or printed name Rimas T. Lukas Date March 19, 2005

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Date March 18, 2005

Under the Japerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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	the Consolidated App		Application Number 09		09/844,18	09/844,187							
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	Art Unit	1743	43										
TOTAL AMOUN	Attorney Dock	Attorney Docket No. ARCO											
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: Deposit Account Name:													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee													
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments													
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Plant	200	100	300	150 160									
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4. OTHER FEE Non-Englis	(S) sh Specification,	\$130 fee (no	small entity	discount)				Fees Paid (\$)					
Other (e.g., late filing surcharge):													
SUBMITTED BY 1 0 1													
Signature	Min And	The All Mary		Registration No. (Attorney/Agent) 46,451			Telephone 650-560-0076						
g., lataro	My Mynes.			(Attorney/Agent) 46,451			050-560-0076						

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Name (Print/Type) Rimas T. Lukas